

Montana Trauma System Conference 2012

Community Trauma Hospital
Trauma Receiving Facility
Breakout Session

Performance Improvement

- Issue identification
- Level of Review
 - Trauma Coordinator
 - Trauma Coordinator/Trauma Medical Director
 - Committee
 - Multidisciplinary Trauma Committee
 - Peer Review
- Plan of Action
- Implementation
- Re-monitor to Assure Plan Worked (Loop Closure)

29-year-old female bucked off horse, c/o chest pain/SOB

0831 EMS dispatched, **0839** enroute, **0842** on scene, **0900** left & **0937** arrived at facility

Oxygen by NRB, full spinal stabilization, one 16 gauge IV with NS hung

0907 130/110- 100- 22, O2 sat 95%, GCS initially 12 ↑15

0917 trauma team activation

0937 ED arrival with all team members in ED, 77/39-138- 20, O2 sat 93%, GCS 15

0944 2nd IV initiated

0949-1037 Radiology for CTs

1110 Foley placed with gross hematuria

1145-1218 Returned to CT scan

Injuries: nasal fracture, sternal fracture, bil pulmonary contusions, multiple left-rib fxs, transverse process fxs of C3-C7, L3 & L7

Multiple doses of Morphine, 10 L of crystalloids infused

1245 Transferred by fixed wing to RTC

53-year-old male, hx of ETOH abuse fell down stairs
found with neck in contorted position
blood from nares & ears, distended abdomen

2229 EMS dispatched, **2232** enroute, **2239** on scene, **2255** left &
2304 at facility

Patient in full arrest & CPR started, manual c-spine → full spinal
stabilization

2245 Patient intubated & ventilations were assisted with BVM.

Trauma team not activated & patient in ED at UNK

No trauma flowsheet, only CPR form

Alternated between PEA and asystole with Epinephrine given

2314 Resuscitation terminated

42-year-old female burned from a propane flash
Singed nasal hair, circumferential burns to neck &
L arm, anterior chest & abdomen

2105 ED arrival by POV 180/115- 120- 26, O2 sat 99%, temp 99.8,
GCS 15/PERL

Trauma team not activated but the provider was in-house, T-Sheet
only used

Pain at 10/10 & MS 2mg given twice with no improvement noted

Oxygen at 2 liters by nasal cannula at **UNK**

2120 One 20 gauge IV placed & NS hung / Total 3 L infused

Portable CXR at **UNK**

Burns cleaned & Silvadene applied at **UNK**

Flight team arrived at **UNK** time & RSI done

Transferred to Burn Center at **UNK** time

50-year-old male pushed down stairs severe lumbar pain/no leg movement

2326 EMS was dispatched, **2334** enroute, **2345** arrived, **0012** left & **0042** arrived at the hospital

Full spinal stabilization, O2 by NRB,

0015 no PB-89-20, O2 sat 98%, GCS was recorded at 12 (eye=4, verbal=5, and motor=3)/PERL

0046 ED arrival, provider in ED, no trauma team, no trauma flowsheet, vitals on printout only

0055 135/88-88-20, O2 sat 93%, temp 98.9, GCS 15/PERL, pain 9/11

0110 18 gauge IV,

0120-0140 Radiology for CT scan Injuries were identified as L3-4 and possibly L5-S1 fxs

0220 off the backboard back examined

0420 Fentanyl 25 mcg – response not documented

0445 Methylprednisolone initiated (neurosurgical phone consult)

0549 Dilaudid given

0613 Air transport not available therefore ground transfer to RTC

9-year-old restrained female passenger in car
hit by a semi, extrication required
R arm & leg deformed, driver DOA

0348 EMS dispatched, **0402** enroute, **0428** on scene, **UNK** when left scene & facility arrival

O2 by NRB mask, full spinal stabilization, 18 gauge IV, pillow splints arm/leg

0528 90/56 -131-no RR, O2 sat 99%, GCS 13/no pupil eval

0540 ED arrival with no trauma team activation, 99/75-128-28, O2 sat 100%, temp 97.2, GCS 12/no pupil eval, abdominal pain 10/10

Traction splint to R leg & Bair Hugger, 2nd 20 gauge IV with warmed LR

Clinical dx open R humerus fx, R femur fx, facial trauma, TBI & abdominal trauma

0550 Regional Trauma Center refused transfer

Other hospitals called until RTC agreed to accept patient

0650 Transferred by rotor-wing air

19-year-old restrained female passenger in a single vehicle rollover, small scalp laceration & c/o leg pain, six victims in crash

1904 EMS dispatched, **1906** enroute, **1910** on scene, **1926** left & **1932** arrived at hospital

O2 by NRB, full spinal stabilization, no vital signs, GCS 15

1912 Trauma team activation

1925 ED arrival, 122/78- 90- 22, O2 sat 99%, temperature 98, GCS 15/PERL

1935 Off backboard

1949 Chest/leg x-rays in radiology negative

2035 Scalp laceration cleaned & dressed

2100 Discharged home

30-year-old unrestrained male driver in a single vehicle rollover with ejection. Scalp avulsion, head & torso trauma

1946 EMS dispatched, **1951** enroute, **2006** on scene, **2105** left & **2052** arrived to hospital

2016 133/89-96-22 with O2 sat 88%, GCS was 4

Full spinal stabilization & OPA by QRU at UNK

2018 IO inserted & IV at UNK

2026 BVM started when RR ↓12 and O2 sat 84%

2030 Highest-level trauma team activation, surgeon not notified

2033 Difficult to bag & bil chests needed by EMS

2044 ED arrival 67/36-68-assisted at 18, O2 sat 99%, temp 96, GCS 3/pupils 5mm

2048 & **2105** 14 & 16 gauge IVs with LR, PRBC at 2102

2052 Intubation with RSI

2055 Surgeon notified & arrived at **2108**

2115 & **2120** bil 36F chest tubes

2130 PEA → V-Fib & CPR started

2136 patient was pronounced dead